

Case Number:	CM14-0195507		
Date Assigned:	12/03/2014	Date of Injury:	01/25/2007
Decision Date:	07/01/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old male, who sustained an industrial injury on 1/25/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having status post cervical fusion, lumbar and cervical discogenic disease, chronic low back pain, left knee sprain/strain, and left shoulder contusion. Treatment to date has included diagnostics, surgical intervention to the cervical spine, and medications. On 10/27/2014, the injured worker complained of severe low back pain and cervical spine pain, rated 10/10 without medications and 6-7/10 with medications. With medication use, he was more active and the pain was not constant. Exam of the cervical spine noted spasm, painful and decreased range of motion, and radiculopathy at C6-7 bilaterally. Exam of the left shoulder noted positive impingement sign and tenderness to palpation at the acromioclavicular joint, Exam of the lumbar spine noted spasm, painful and limited range of motion, and decreased sensation at S1 bilaterally. Exam of the left knee noted tenderness to palpation at the joint line, patellofemoral crepitation, and range of motion 0-135 degrees. The treatment plan included continued medications, including Prilosec, Baclofen, and Norco. Narcotic contract was updated. His work status was permanent and stationary. The prior progress report, dated 9/29/2014, also noted the use of Nucynta. Medication use included Baclofen, Nucynta, Norco, and Prilosec since at least 2/2014, and pain levels were consistent.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Baclofen 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 10/27/15 with cervical spine pain rated 10/10, and lower back pain rated 10/10. The patient's date of injury is 01/25/07. Patient is status post cervical fusion at unspecified levels and date. The request is for BACLOFEN 10MG #90. The RFA is dated 02/21/14. Physical examination dated 10/27/14 reveals a healed scar on the anterior neck, spasms of the cervical paraspinal muscles, decreased range of motion, and radiculopathy at C6-7 bilaterally. Left shoulder examination reveals positive impingement sign, tenderness to palpation of the acromioclavicular joint, and reduced range of motion on flexion and abduction. Lumbar spine examination reveals positive Laseque's sign bilaterally, decreased sensation along the S1 dermatome distribution bilaterally, and spasms of the lumbar paraspinal muscles. Left knee examination reveals tenderness to palpation over the joint line, patellofemoral crepitus, and 135 degree range of motion. The patient is currently prescribed Norco, Baclofen, and Prilosec.

Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In regard to the continuation of Baclofen for this patient's lower back muscle spasms, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been receiving Baclofen since at least 07/22/14 with pain relief and functional improvements noted in the subsequent reports. However, MTUS guidelines do not support the use of muscle relaxants such as Baclofen long term. The requested 90 tablets in addition to use since at least 07/22/14, does not imply the intent to limit this medication to short term use. Therefore, the request IS NOT medically necessary.

Nucynta 75 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 10/27/15 with cervical spine pain rated 10/10, and lower back pain rated 10/10. The patient's date of injury is 01/25/07. Patient is status post cervical fusion at unspecified levels and date. The request is for NUCYNTA 75MG #120. The RFA is dated 02/21/14. Physical examination dated 10/27/14 reveals a healed scar on the anterior neck, spasms of the cervical paraspinal muscles, decreased range of motion, and radiculopathy at C6-7 bilaterally. Left shoulder examination reveals positive impingement sign, tenderness to palpation of the acromioclavicular joint, and reduced range of motion on flexion and abduction. Lumbar spine examination reveals positive Laseque's sign bilaterally, decreased sensation along the S1 dermatome distribution bilaterally, and spasms of the lumbar paraspinal muscles. Left knee examination reveals tenderness to palpation over the joint line, patellofemoral crepitus, and 135 degree range of motion. The patient is currently prescribed Norco, Baclofen, and Prilosec. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Nucynta for the management of this patient's chronic pain, the treater has not provided adequate documentation of medication efficacy to substantiate continuation. Most recent progress report dated 10/27/14 indicates a reduction in pain from 10/10 to 6-7/10 attributed to medications. Addressing functional improvements, the provider states: "With medication there is functional improvement in pain. Pain is tolerable and patient is more active, and pain is not constant." Such vague documentation does not satisfy MTUS requirements of activity-specific functional improvements. There is discussion of a lack of aberrant behavior, however urine drug screen dated 10/27/14 is inconsistent with this patient's medications as it indicates the presence of Oxazepam and Temazepam metabolites. These medications are not among this patient's currently prescribed medications and their presence is not addressed. Given the lack of complete 4A's documentation as required by MTUS, combined with inconsistent urine drug screen findings, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 10/27/15 with cervical spine pain rated 10/10, and lower back pain rated 10/10. The patient's date of injury is 01/25/07. Patient is status post cervical fusion at unspecified levels and date. The request is for NORCO 10/325MG #90. The RFA is dated 02/21/14. Physical examination dated 10/27/14 reveals a healed scar on the anterior neck, spasms of the cervical paraspinal muscles, decreased range of motion, and radiculopathy at C6-7

bilaterally. Left shoulder examination reveals positive impingement sign, tenderness to palpation of the acromioclavicular joint, and reduced range of motion on flexion and abduction. Lumbar spine examination reveals positive Laseque's sign bilaterally, decreased sensation along the S1 dermatome distribution bilaterally, and spasms of the lumbar paraspinal muscles. Left knee examination reveals tenderness to palpation over the joint line, patellofemoral crepitus, and 135 degree range of motion. The patient is currently prescribed Norco, Baclofen, and Prilosec. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request for Norco for the management of this patients chronic pain, the treater has not provided adequate documentation of medication efficacy to substantiate continuation. Most recent progress report dated 10/27/14 indicates a reduction in pain from 10/10 to 6-7/10 attributed to medications. Addressing functional improvements, the provider states: "With medication there is functional improvement in pain. Pain is tolerable and patient is more active, and pain is not constant." Such vague documentation does not satisfy MTUS requirements of activity-specific functional improvements. There is discussion of a lack of aberrant behavior, however urine drug screen dated 10/27/14 is inconsistent with this patient's medications as it indicates the presence of Oxazepam and Temazepam metabolites. These medications are not among this patient's currently prescribed medications and their presence is not addressed. Given the lack of complete 4A's documentation as required by MTUS, combined with inconsistent urine drug screen findings, continuation of this medication cannot be substantiated. The request IS NOT medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents on 10/27/15 with cervical spine pain rated 10/10, and lower back pain rated 10/10. The patient's date of injury is 01/25/07. Patient is status post cervical fusion at unspecified levels and date. The request is for PRILOSEC 20MG #60. The RFA is dated 02/21/14. Physical examination dated 10/27/14 reveals a healed scar on the anterior neck, spasms of the cervical paraspinal muscles, decreased range of motion, and radiculopathy at C6-7 bilaterally. Left shoulder examination reveals positive impingement sign, tenderness to palpation of the acromioclavicular joint, and reduced range of motion on flexion and abduction. Lumbar spine examination reveals positive Laseque's sign bilaterally, decreased sensation along the S1 dermatome distribution bilaterally, and spasms of the lumbar paraspinal muscles. Left knee examination reveals tenderness to palpation over the joint line, patellofemoral crepitus, and 135 degree range of motion. The patient is currently prescribed Norco, Baclofen, and Prilosec. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also

allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Prilosec, the reports provided show the patient has been prescribed this medication since at least 07/22/14. However, the provider does not specifically discuss any GI symptoms at initiation and there is no documentation of efficacy in the subsequent reports. This patient is not currently prescribed any NSAIDS. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or subjective complaints of GI upset which would support continued use of this medication. Therefore, this request IS NOT medically necessary.